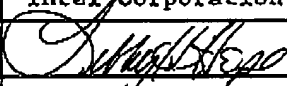



SEP 01 2006

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	09/893,177
		Filing Date	June 27, 2001
		First Named Inventor	Michael S. Ripley
		Art Unit	2134
		Examiner Name	Ho, Thomas M.
Total Number of Pages in This Submission	17	Attorney Docket Number	42390P11151

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form — Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> - Certificate of facsimile; and - the RCE Transmittal </div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Libby H. Hope, Reg. No. 46,774 Intel Corporation
Signature	
Date	September 1, 2006

CERTIFICATE OF MAILING/TRANSMISSION		
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.		
Typed or printed name	Libby H. Hope	
Signature		Date
		September 1, 2006

Based on PTO/SB/21 (05-04) as modified by Blakely, Schmitt, Taylor & Zafman (vtr) 11/30/2005.
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

**FEE TRANSMITTAL
for FY 2005**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

910.00

Complete if Known

Application Number	09/893,177
Filing Date	June 27, 2001
First Named Inventor	Michael S. Ripley
Examiner Name	Ho, Thomas M.
Art Unit	2134
Attorney Docket No.	42390P11151

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 50-0221 Deposit Account Name: Intel Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayment of fee(s)☒ Credit any overpayments

under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION**1. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
12	30	0	\$0.00
Independent Claims	5	0	\$0.00
Multiple Dependent			

Large Entity

Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	300	2203	180	Multiple Dependent claim, if not paid
1204	750	2204	395	**Release independent claims over original patent
1205	300	2205	150	**Release claims in excess of 20 and over original patent

SUBTOTAL (1)

(\$)

0.00

*or number previously paid, if greater. For Releases, see below

2. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	60	2052	25	Surcharge - late provisional filing fee or cover sheet
2053	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	510	Extension for reply within third month
1254	1,890	2254	785	Extension for reply within fourth month
1255	2,160	2255	1,050	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	500	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1431	1,510	2431	1,510	Petition to institute a public use proceeding
1460	130	2460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(a)
1808	180	1808	180	Submission of Information Disclosure Stmt
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify)

JCE, Filing Fee

SUBTOTAL (2)

(\$)

Fee Paid

120.00

790.00

910.00

SUBMITTED BY

Name (Print/Type) Libby H. Hope

Registration No.
(Attorney/Agent)

46,774

Telephone

(949) 498-0601

Signature

Date

09/01/06

Based on PTO/SB/17 (12-04) as modified by Bakely, Sokoloff, Taylor & Zafman (w/ 12/15/2004).
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

SEP 01 2006

**FEE TRANSMITTAL
for FY 2005**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 910.00

Complete if Known

Application Number	09/893,177
Filing Date	June 27, 2001
First Named Inventor	Michael S. Ripley
Examiner Name	Ho, Thomas M.
Art Unit	2134
Attorney Docket No.	42390P11151

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 50-0221 Deposit Account Name: Intel Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.☒ Credit any overpayments**FEE CALCULATION****1. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
12	30	0	\$0.00
Independent Claims	5	0	\$0.00
Multiple Dependent			
Large Entity	Small Entity	Fee Description	
Fee Code (\$)	Fee Code (\$)		
1202 50	2202 25	Claims in excess of 20	
1201 200	2201 100	Independent claims in excess of 3	
1203 350	2203 150	Multiple Dependent claim, if not paid	
1204 750	2204 350	*Rescues independent claims over original patent	
1205 300	2205 150	*Rescues claims in excess of 20 and over original patent	
SUBTOTAL (1)		(\$)	0.00

*for number previously paid, if greater. For Rescues, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
2053 130	2053 65	Non-English specification	
1251 120	2251 60	Extension for reply within first month	120.00
1252 450	2252 225	Extension for reply within second month	
1253 1,020	2253 510	Extension for reply within third month	
1254 1,590	2254 795	Extension for reply within fourth month	
1255 2,160	2255 1,080	Extension for reply within fifth month	
1401 500	2401 250	Notice of Appeal	
1402 800	2402 250	Filing a brief in support of an appeal	
1403 1,000	2403 500	Request for oral hearing	
1451 1,510	2451 1,510	Petition to institute a public use proceeding	
1460 130	2460 130	Petitions to the Commissioner	
1807 50	1807 00	Processing fee under 37 CFR 1.17(a)	
1808 180	1808 180	Submission of Information Disclosure Sheet	
1809 750	1809 395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810 750	2810 395	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)		Subtotal Fee	750.00
SUBTOTAL (2)		(\$)	910.00

SUBMITTED BY

Name (Print/Type) Libby H. Hope

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(Attorney/Agent)

46,774

Telephone

(949) 498-0601

Signature

Date

09/01/06

Based on PTO/SB/17 (12-04) as modified by Blythe, Sokoloff, Taylor & Zisman (w/r) 12/15/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450